



I have been given a Vaccine Information Statement and understand the information about **Human PapillomaVirus** (HPV) and the HPV vaccine. I understand the benefits and risks of the HPV vaccine. I give permission for my teen to be given the vaccine. I understand that three shots are needed for full protection. This vaccine is currently for females.

Print Your Teen's Information Below:

_____/_____/_____ LAST FIRST MIDDLE			DATE OF BIRTH: month/date/year	
_____ STREET ADDRESS		_____ APT #	_____ CITY	_____ STATE
_____ ZIP CODE				
_____ SCHOOL ATTENDING				

Print Your Information Below:

YOUR DAYTIME PHONE NUMBER: _____

PLEASE PRINT YOUR NAME: _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

Vaccinate
before you
Graduate